

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-978)

SERIAL NO. _____

FILING DATE _____

APPLICANT(S)

CLAIMS

| | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | |
|-----------------|----------|------|------------------------|------|------------------------|------|
| | IND. | DEP. | IND. | DEP. | IND. | DEP. |
| 1. | / | | / | | | |
| 2. | / | | / | | | |
| 3. | / | | / | | | |
| 4. | 3 | | / | | | |
| 5. | ① | | | | | |
| 6. | / | | / | | | |
| 7. | / | | / | | | |
| 8. | / | | / | | | |
| 9. | 3 | | / | | | |
| 10. | ① | | | | | |
| 11. | | | | | | |
| 12. | | | / | | | |
| 13. | | | | | | |
| 14. | | | | | | |
| 15. | | | | | | |
| 16. | | | | | | |
| 17. | | | | | | |
| 18. | | | | | | |
| 19. | | | | | | |
| 20. | | | | | | |
| 21. | | | | | | |
| 22. | | | | | | |
| 23. | | | | | | |
| 24. | | | | | | |
| 25. | | | | | | |
| 26. | | | | | | |
| 27. | | | | | | |
| 28. | | | | | | |
| 29. | | | | | | |
| 30. | | | | | | |
| 31. | | | | | | |
| 32. | | | | | | |
| 33. | | | | | | |
| 34. | | | | | | |
| 35. | | | | | | |
| 36. | | | | | | |
| 37. | | | | | | |
| 38. | | | | | | |
| 39. | | | | | | |
| 40. | | | | | | |
| 41. | | | | | | |
| 42. | | | | | | |
| 43. | | | | | | |
| 44. | | | | | | |
| 45. | | | | | | |
| 46. | | | | | | |
| 47. | | | | | | |
| 48. | | | | | | |
| 49. | | | | | | |
| 50. | | | | | | |
| TOTAL IND. | | | 6 | | | |
| TOTAL DEP. | | | 4 | | | |
| TOTAL CLAIMS | | | 10 | | | |

| * | * | * | * |
|-----------------|------|------|------|
| IND. | DEP. | IND. | DEP. |
| 51 | | | |
| 52 | | | |
| 53 | | | |
| 54 | | | |
| 55 | | | |
| 56 | | | |
| 57 | | | |
| 58 | | | |
| 59 | | | |
| 60 | | | |
| 61 | | | |
| 62 | | | |
| 63 | | | |
| 64 | | | |
| 65 | | | |
| 66 | | | |
| 67 | | | |
| 68 | | | |
| 69 | | | |
| 70 | | | |
| 71 | | | |
| 72 | | | |
| 73 | | | |
| 74 | | | |
| 75 | | | |
| 76 | | | |
| 77 | | | |
| 78 | | | |
| 79 | | | |
| 80 | | | |
| 81 | | | |
| 82 | | | |
| 83 | | | |
| 84 | | | |
| 85 | | | |
| 86 | | | |
| 87 | | | |
| 88 | | | |
| 89 | | | |
| 90 | | | |
| 91 | | | |
| 92 | | | |
| 93 | | | |
| 94 | | | |
| 95 | | | |
| 96 | | | |
| 97 | | | |
| 98 | | | |
| 99 | | | |
| 100 | | | |
| TOTAL IND. | | | |
| TOTAL DEP. | | | |
| TOTAL CLAIMS | | | |

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS